

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Dave S.B. Hoon et al.

Serial No: 10/713,808

Filed: November 14, 2003

Confirmation No.: 4483

For: DETECTION OF MICROMETASTASIS OF
MELANOMA AND BREAST CANCER IN PARAFFIN-
EMBEDDED TUMOR DRAINING LYMPH NODES BY
MULTIMARKER QUANTITATIVE RT-PCR

Art Unit: 1642

Examiner: Sean E. Aeder

I hereby certify that this correspondence
is being transmitted via electronic filing to:

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450 on

May 13, 2008

Date of Deposit

Vivian Gutierrez

Name

Vivian Gutierrez 05/13/08

Signature

Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment for the above-identified application. Also transmitted are the following documents:

Small entity status has been claimed. See 37 CFR § 1.27;

Petition for Extension of Time (two-months);

Terminal Disclaimer to Obviate a Double Patenting Rejection (37 CFR §1.321(c)); and

Transmittal of Information Disclosure Statement, Form PTO-1449, and cited references.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	13	-	33	**	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	4	-	4	***	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS		\$
					TOTAL		\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

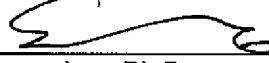
A check in the amount of \$____ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**

A check in the amount of \$____ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.By: Y. Jenny Luo, Ph.D.
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Dated: May 13, 2008

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